

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution-General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 12-31-04.

The IRO reviewed medical necessity for paraffin bath, electrical stimulation unattended, ultrasound, therapeutic exercises, office visit level III, office visit level II and group therapeutic procedures rendered from 01-02-04 through 03-24-04 that were denied based upon "V".

The IRO determined that the electrical stimulation unattended, ultrasound, group therapeutic procedures for dates of service 01-02-04 through 03-24-04 and the office visit level III on 02-06-04 **were** medically necessary. The IRO determined that all other office visits as well as the paraffin bath and therapeutic exercises for dates of service 01-02-04 through 03-24-04 **were not** medically necessary.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the **majority** of issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 01-21-05, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

CPT code 99080-73 date of service 02-06-04 denied with denial code "V" (based on peer review further treatment is not recommended). Per Rule 129.5 the TWCC-73 service is a required report and not subject to an IRO review. Reimbursement is recommended in the amount of **\$15.00**. A Compliance and Practices referral will be made due to violation by the carrier of Rule 129.5.

CPT code 99213 date of service 04-01-04 denied with denial code "G/U454" (this office visit is included in the value of the surgery or anesthesia procedure). Per Rules 133.304(c) and 134.202(a)(4) the carrier did not specify which service code 99213 was global to. Reimbursement is recommended per Rule 134.202(c)(1) in the amount of **\$61.98 (\$49.58 X 125%)**.

CPT code J2000 date of service 04-01-04 denied with denial code "G/X006" (local infiltration, digital block or topical anesthesia is included in the value of the surgery procedure). Per Rules 133.304(c) and 134.202(a)(4) the carrier did not specify which service code J2000 was global to. Reimbursement is recommended per Rule 134.202(c)(1) in the amount of **\$4.46 (\$3.57 X 125%)**.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the Medicare program reimbursement methodologies effective August 1, 2003 per Commission Rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 01-02-04 through 04-01-04 in this dispute.

This Findings and Decision and Order are hereby issued this 8th day of March 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

Enclosure: IRO Decision

NOTICE OF INDEPENDENT REVIEW DECISION

February 28, 2005

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-05-1301-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 60 year-old female injured her bilateral wrists on ____ while performing repetitive typing and keyboard activities. She has been treated with therapy, medication and bilateral carpal tunnel release.

Requested Service(s)

Paraffin bath, electrical stimulation unattended, ultrasound, therapeutic exercises, office visit level III, office visit level II, and group therapeutic procedure for dates of service 01/02/04 through 03/24/04

Decision

It is determined that there is medical necessity for the electrical stimulation unattended, ultrasound, and group therapeutic procedure for dates of service 01/02/04 through 03/24/04. It is also medically necessary for the office visit level III on 02/06/04. All other office visits as well as the paraffin bath and therapeutic exercises were not medically necessary to treat this patient's medical condition for dates of service 01/02/04 through 03/24/04.

Rationale/Basis for Decision

Medical record documentation indicates this patient's original injury to her wrists was in _____. She had surgery in 2000 and experienced a relapse in 2003 that required injection therapy. She was receiving therapy based on the orders of the orthopedist who performed the injections. The office visit level III on 02/06/04 was medically necessary to evaluate and manage the care of this patient. All other office visits were not medically necessary during this established treatment plan by the orthopedist. The orders, that included ice to the injection site, range of motion and strengthening exercise with ultrasound were medically necessary for the treatment of this patient. There is no evidence to support the need for therapeutic exercises in addition to group therapeutic procedures and therefore were not medically necessary. Additionally, the paraffin baths do not support the treatment plan as they are a deep heating treatment.

In summary, the electrical stimulation unattended, ultrasound, and group therapeutic procedures were medically necessary for dates of service 01/02/04 through 03/24/04 to treat this patient's medical condition. The office visit on 02/06/04 was medically necessary; however, all other office visits (level II and III), the paraffin bath and therapeutic exercises were not medically necessary to treat this patient's medical condition for dates of service 01/02/04 through 03/24/04.

Sincerely,

A handwritten signature in black ink, appearing to read "Gordon B. Strom, Jr.", with a stylized, cursive script.

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm

Attachment

Information Submitted to TMF for TWCC Review

Patient Name:

TWCC ID #: M5-05-1301-01

Information Submitted by Requestor:

- Progress Notes
- Daily Treatment Log
- Diagnostic Tests
- Claims

Information Submitted by Respondent:

- Peer Reviews
- Progress Notes
- Diagnostic Tests
- Claims